Care UK Community Partnerships Limited

Sandfields

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 and 31 July 2015 and was unannounced. Sandfields is a purpose built new home which provides accommodation for up to 90 people who require nursing and personal care over three floors. Each floor was divided into two 15 bedded units, with its own dining room and lounge. At the time of our inspection, there were only four of the six units open, of which 49 bedrooms were occupied. Each bedroom had private toilet and shower facilities. People had access to a secured garden, cinema, coffee area and hobbies room as well as the hair salon.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they enjoyed living at Sandfields. People's individual risks had been assessed however, guidance on how to reduce people's risk was not always recorded. Staff knew people well and were able to support people

Summary of findings

with their needs and risks. Their individual needs were thoroughly assessed before they moved into the home. People received additional care and treatment from other health care services when needed. Staff encouraged people to have a well-balanced and nutritional diet. Group and individual activities were provided at Sandfields. People's medicines were administered and stored effectively.

Staff knew how to report any concerns of abuse to the relevant safeguarding authorities. Policies to protect people were in place to give staff guidance. People told us they felt safe at the home and there were enough staff to meet their needs. Thorough recruitment checks and an induction programme were carried out with new staff before they provided care to people. Training plans and systems were in place to ensure people were cared for by staff who received regular training and support from their line manager. Staff told us they felt supported and trained to carry out their role.

People and their relatives spoke highly of the staff and the registered manager. Relatives told us any day to day concerns, which they had raised, were always dealt with immediately. The registered manager valued people's feedback and responded to any concerns. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring.

Monitoring systems were in place to ensure the services were operating effectively and safely. Internal and external audits were carried out to continually monitor the overall services provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was generally safe.

Staff understood people's individual risks but the support they required to reduce these risks were not always reflected in people's care records

People were protected by safe and appropriate systems for handling and administering their medicines. The home was clean and well maintained.

People and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

Effective recruitment procedures were in place to ensure people were supported by suitable numbers of staff.

Is the service effective?

Good

The service was effective.

People were involved in making decisions about their care and support. They had access to health care professionals and other specialists when required.

People enjoyed the meals provided and their dietary needs and preferences were met.

Staff were supported and trained to ensure their skills were up to date and their knowledge was current in order for them to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to.

Relatives were positive in their comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed, recorded and reviewed.

A full activities programme was in place to meet people's physical and social well-being.

Staff responded promptly to people's individual concerns. Complaints were managed in line with the provider's policy.

Summary of findings

Is the service well-led?

Good

The service was well- led.

The quality of care was being regularly monitored and checked by the registered manager and the provider. People and their relatives spoke highly of the staff and the registered manager. Staff felt supported by the provider and registered manager.

Sandfields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 July 2015 and was unannounced. On 30 July 2015 the inspection was led by an inspector and accompanied by an expert by experience. The expert by experience area of expertise was in caring for older people. On 31 July 2015 the lead inspector was accompanied by a second inspector.

This service was last inspected in June 2014 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider and previous inspection reports.

Before the inspection we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with seven people and three relatives. We also spoke to 11 members of staff, the clinical lead, the deputy manager, the registered manager and a representative of the provider. We looked at the care records of five people. We also spoke with one health and social care professional. We looked at four staff files including recruitment procedures and the records relating to staff training and development. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires Improvement

Is the service safe?

Our findings

People who lived at Sandfields were safe because processes and systems were in place to protect them from avoidable harm. People told us they felt safe living in the home. One person said, "I feel very safe because I get a lot of good care from very kind people." Relatives also confirmed they felt their loved ones were safe living at Sandfields. Staff understood their responsibility in protecting people from harm. Staff told us the actions they would take if they suspected a person was being harmed or abused. They were aware of where to report their concerns and how to find contact details of outside safeguarding agencies. The provider's safeguarding policy was also available to give all staff clear guidance on how to report any allegations of abuse. The registered manager and senior staff had notified the appropriate agencies when incidents of concerns had been raised and implemented actions to help reduce the risk of the incident reoccurring.

People's risks were mainly managed well. Personal fire evacuation plans were in place to ensure people remained safe in the event of a fire. Staff were knowledgeable about individual people and were able to tell us about people's risks. For example, they told us how they managed people who were at risk of falling out bed such as lowering people beds and placing a mat at the side of their bed in case they fell out of bed. People's individual risks had been identified and recorded using various assessment tools such as assessing people's risk of falling or developing a pressure ulcer. These assessments identified the level of risk; however, the detail of the measures in place to manage and minimise these risks were not always in place. For example, one person had been assessed as being as very high risk of developing pressure ulcers; however there was limited guidance on how this person should be supported to help mitigate these risks. Another person had been assessed as at risk of falling but details of how to manage this person's falls was not clearly recorded or reflected in their care plan.

People's medicines were managed and stored in a safe and effective way. Staffs gave people time to take their medicines and were respectful in their approach. Staffs responsible for administering people's medicines received regularly update training and their skills were observed and monitored. The clinical lead said, "The primary function is to maintain a high standard and make staff feel valued through positive and critical feedback." Further training in the management of medicines was provided if staff knowledge or competences was in question.

Medicine administration records (MAR) were completed correctly after people had taken their medicines. The stock levels of medicines were recorded on the MAR and medicines which were not needed were returned to the pharmacy. Protocols were in place to guide staff if people required medicines such as pain relief 'as required'. GP visited the home regularly and reviewed people's medicines including people's home medicines.

Two people administered their own medicines and staff checked to make sure they were taking these appropriately. Secure facilities in their rooms had been provided for storage. Medicines which needed to be stored with additional security were audited to ensure the correct stock levels were in place. Robust records for these medicines were being kept.

Safe recruitment systems were in place. All the necessary employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people with complex needs. There were sufficient numbers of staff to meet people's needs. The numbers of staff were flexible and determined by the needs of people. Where there had been occasional staff shortages, other staff had covered extra shifts to ensure there was enough staff on duty to meet people's needs and running of the home. Staff recruitment was in progress to ensure there were sufficient members of staff in place when the unoccupied units opened. The registered manager said, "We need to manage staff expectations as we have a lot of staff on at the moment but when we are full staff will feel more pressure."

Additional supportive staff such as activity coordinators and hostesses allowed care and nursing staff to concentrate on their main role. Staff carried out their role in an unrushed manner and were happy to stop and socialise with people. People told us their care was delivered promptly and staff were generally quick to respond when they had pressed their call bells for assistance.

Systems were in place to ensure the home was clean and maintained. Staff were knowledgeable about assessing and preventing the spread of infection. Hand sanitising gels were in place throughout the home. One person said, "Very

Requires Improvement

Is the service safe?

clean room, very clean bedclothes which are changed regularly with fresh laundered sheets." A comprehensive system to manage people's laundry and soiled items was in place to prevent cross contamination.

Good

Is the service effective?

Our findings

New staff were given an organisational induction booklet which provided them with a training timetable and expected objectives. The line manager of new staff assessed and recorded their acquired skills and care competencies for their role within appropriate timescales. The registered manager was responsible for signing the completed induction booklet to confirm the new member of staff had understood and completed all elements of the induction programme. The deputy manager was aware of the new care certificate guidance and would be implementing it within the new training regime. The care certificate gives providers clear learning outcomes, competences and standards of care that will be expected from staff.

Staff were required to have an annual meeting with their line manager once a year to discuss their professional development. The deputy manager told us they were implementing an action plan to ensure all staff were given the opportunity to have regular individual support meetings. Plans were in place also to ensure staff received an annual appraisal in line with the provider's policy on supporting staff. Records showed staff were regularly observed supporting people with their care and support. Any shortfalls in their conduct and practices were addressed with further mentoring or training. A training plan was in place to safeguard people from being cared for by untrained staff. Staff were mainly trained in the subjects considered as mandatory by the provider, such as safeguarding people and health and safety training. Staff had received additional dementia training and we saw several examples of care which focused on individuals.

Staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. The majority of staff had been trained in the understanding of the Mental Capacity Act 2005 or there was evidence that training had been planned. Staff understood the principles of allowing people to make their own decisions. This was embedded in their practice such as obtaining consent before they supported people with their personal care. People who were able to make their own decisions were involved in the planning of their care and consented to the care and support being provided. The registered manager and senior staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Families and significant people had been involved in making decisions where people had been assessed as lacking mental capacity. Mental capacity assessments had been completed as required under the Mental Capacity Act 2005 (MCA). However, their mental capacity assessments lacked personal detail and did not always demonstrate how this decision had been made. The MCA provides the legal framework to assess people's capacity to make decisions about specific areas of their care or treatment. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant.

People were free to move around the home. The front door and lifts were locked with a key pad security system; however the code to the key pad was discreetly available for those who required it. The registered manager had applied for legal authorisation under the Deprivation of Liberty Safeguards (DoLS) where it had been felt people were being deprived of their liberty. The registered manager and senior staff had a good understanding of the law relating to DoLS. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The Care Quality Commission monitors the implementation of the MCA and DoLS in care services.

People's views about the meals provided were encouraged. The home had recently asked people who lived at Sandfields about their opinions of the meals and food being provided. People had been asked to attend a 'tasting' session and give their thoughts about possible meal options. The regional director regularly monitored people's dining experience by sitting with people during their meal. They wanted to hear people's views about the food and the service generally. The home was in the process of recruiting a new chef to review the menus and implement any required changes.

We observed people eating their lunch. Most people ate their meals in the dining area of their unit which was adjacent to the unit's lounge. The dining areas had a small kitchen facility which allowed staff to support people getting their breakfast, snacks and drinks. Main meals were cooked and brought to the units in hot trolleys. The temperature of the food was checked and recorded before

Good

Is the service effective?

being serviced to people. People were offered a choice of a three course meal at lunchtime. Some people were asked which food they would like, others were shown the options. We found some people did not understand the descriptions of the food and therefore not able to make an informed choice. We raised this with the registered manager who told us this would be addressed when the new chef starts at the home. They told us staff were encouraged to show people the plated options of meals to help them make their choice. This was to be discussed and reinforced again at the next staff meeting.

People who needed support with eating and drinking were respectfully and sensitively supported. Their dietary needs, preferences and allergies were catered for. Nutritional meetings were held after people had been nutritionally assessed so kitchen staff were aware of people's dietary needs. For example, the need for additional calories if they were losing weight.

People were mainly positive about the food served. One person said, "I enjoy the food here. It is usually very good but it sometimes it is better than others but I realise that it is difficult to please everyone." Another person said, "Food is very tasty and just the right amount for me." We saw family members sitting and having meals with people. People and their relatives had the option of having additional drinks and snacks on their unit or in the coffee area on the ground floor. The registered manager said, "The coffee area is the hub of the home. It is a real social area. Homemade cakes and drinks are available all day for residents and their visitors."

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments such as dentists and the chiropodist. The home had good contacts with the local surgery and the GPs visited regularly to review the health needs of people. One visiting health care professional said, "They have got a very strong clinical team and cope well with resident's end of life care." Relatives told us that staff kept them informed of changes in people's well-being. One relative said "They are very good at letting you know when things have changed or when health professionals have been involved."

Good

Is the service caring?

Our findings

People and their relatives told us the quality of care at Sandfields was good. We received comments such as "Staff look after me very well. They ask what you would like and they are very kind to me." and "The staff are friendly and approachable."

We observed staff interactions with people throughout the inspection. Staff gave people the appropriate amount of support so they could retain their mobility and daily living skills, such as getting dressed. They delivered care in a way that enhanced people's self-esteem. For example, we saw people being encouraged to eat independently and staff frequently complimented people about the way they looked. People were encouraged to remain independent and prompted to make choices about their day to day living rather than staff making decisions on behalf of them.

Staff spoke to people in a polite and kind manner. They addressed people by their first name in a respectful way. Staff told us it was important to get to know each person individually. We observed staff chatting with people while they supported them, but they also generally sat and talked with people about their day and life. People's dignity and privacy was respected. Staff knocked on people's bedroom doors before entering and explained to people how they we going to help them. Bedroom doors were shut when people were supported with their personal care. Each bedroom had its own shower facility, which provided people with privacy when carrying out their personal hygiene. Staff respected people's decisions if they refused the support offered or requested that they came back later.

One staff member said, "We never force anybody to anything. It's their lives not ours. If they want to get up late, it's up to them. If they don't want to eat in the dining room, it's up to them."

Relatives were positive about the care people received. They told us they were welcomed into the home at any time and could join their family member for lunch or other events in the home. One relative said, "When mum came in she couldn't cope at all, she was very disturbed but they quickly sorted her out and now she is settled and very well cared for." We were told staff were especially sensitive and supportive to relatives who were coming to terms with the deterioration of their loved ones health and well-being.

People were encouraged to bring in their own ornaments and personal belongings to personalise their bedrooms. They were able to freely move around the home and use the secured garden. Sun hats were available for people who chose to sit outside on sunny days. People in the home were fond of the home's pet cat. Visitors were able to bring their pet dogs into the home.

Some people who lived in the home were living with dementia. Staff were able to tell us about their needs and how their behaviours may change which may indicate they were not happy. They gave us examples of how they supported people if they became upset. Staff were able to recognise people's own unique verbal and non-verbal communication such as their expressions and understand what they wanted. Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions.

Good

Is the service responsive?

Our findings

People were assessed before they moved to the home to ensure the home could meet their needs. Information had been sought from the person, their relatives and other professionals involved in their care. The information from the assessment had informed people's plan of care.

Staff were able to tell us about people's personalities, their past histories and the reasons why they needed to move into a care home and their progress so far. Some people had chosen to complete a 'life history diary' about their life, individual preferences, interests and aspirations. Whilst we found that staff knew these details, it was not always embedded in people's care plans.

People's physical needs and general well-being were recorded on an electronic care planning system. Details about people's support preferences and requirements were documented. For example, one person's care plan stated they preferred female carers and would like to choose their own clothes. Another person's care plan stated he liked to wear smart trousers but needed help cleaning his teeth.

Handover information between staff at the start of each shift ensured important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored.

People enjoyed the activities which were provided. One relative said, "She loves the activities. Since she has been here she has thrown herself into everything, water colours, crafts and she has had a really good sociable time." Two activities coordinators delivered a full programme of events and activities such as arts, puzzles and gardening. People were able to choose which activities they wanted to take part in. They could attend the group activity sessions in the hobbies room or the activities coordinators would visit people individually in their bedrooms

In addition to the group activities, people were able to maintain their own personal hobbies and interests. The activities coordinators also arranged external entertainers to visit and regularly reviewed the activities programme. The home had made good use of the provider's minibus which was frequently available to them. People had been on trips to garden centres and the countryside. The deputy manager told us they tried to offer these opportunities to people who were not taken out by family members and friends.

The home had started to implement an 'Oomph' programme which aimed to improve the mobility, social interaction and mental stimulation of people. The programme could be adapted to people who required individual interaction and activities. Staff had been trained to lead and facilitate this programme. We observed an 'Oomph' session and found there was a lot of laughter and enjoyment by people and staff. We were told that once the programme was established, the 'Oomph' staff would start to monitor the impact of the programme on people's physical, social and mental well-being.

The home welcomed people's views and experiences of living at Sandfield. People, their relatives and visitors can complete feedback cards, use the suggestion box or complete an online survey as well as attend regular relative meetings to express their views and opinions. People and their relatives told us staff were responsive to any concerns raised. Where people had made formal complaints these had been dealt with in line with the provider's complaints policy which was displayed around the home. Any shortfalls in the service provided was immediately investigated and rectified.

Good

Is the service well-led?

Our findings

The provider's philosophy of care was displayed on the main notice board in the entrance of the home with customer feedback forms. These values were emphasised with new staff during their induction. Staff had access to the provider's policies and procedures to ensure they delivered care in line with their values. We observed good quality of care which demonstrated the provider's values had been embedded in to staffs' care practices. The deputy manager told us poor standards of care from staff would not be tolerated and would be addressed immediately.

People and their relatives were positive about the home and how it was run. They knew the registered manager and told us she was always seen around the home. One relative said, "The manager has been very supportive of me as a relative." The registered manager, who had been in position since the home had opened, was leaving the home. Systems had been put into place to ensure the new manager of the home had received a thorough and comprehensive handover and was ready to take over the role. The registered manager and senior management team had an 'open door policy' which was demonstrated during our inspection as staff were comfortable in seeking advice from senior staff and the registered manager. Staff told us they felt supported and were happy to raise their concerns. One staff member said, "The manager is very supportive. I couldn't ask for better. They have moved my shifts around to allow me to work better hours." A 'manager's clinic' had been introduced to give staff the opportunity to raise any concerns during a period of staff apprehension. This had been due to staff changes as the home developed and increased its occupancy levels. The registered manager had subsequently asked staff to complete a survey asking them for their views on working at Sandfield. The provider's head office was collating the feedback and was due to share the results with the home's staff.

The home was monitored by a representative from the provider. They carried out frequent quality check visits at Sandfields and were in regular contact with the registered manager. Any shortfalls identified by the representative were recorded and actioned by the registered manager. For example, the implementation of a weekly medicines audit. The representative told us the main challenge for Sandfields had been getting the staff team dynamics right as it was a new home. They said, "It is really an amazing atmosphere here, very relaxed and calm. We have worked at pulling a good team together." We were told the next challenge was to have sufficient numbers of trained staff in place so the two unoccupied units could be opened safely. The registered manager had a good understanding of the home and people's needs. Regular monthly audits of the home's quality of service and reviews of people's care and support requirements addressed any immediate short falls.

The home's maintenance person monitored the fire and safety systems to ensure people, their visitors and staff were safe. Regular fire drills and training occurred to ensure staff were knowledgeable in the event of a fire. Individual fire risk assessments and plans were in place for each person. Health and safety checks were carried to ensure the utilities, equipment used by people and staff were regularly checked and serviced by external companies. A schedule of weekly and monthly internal checks was carried out by the maintenance person such as checking people's wheelchairs and bed rails. The grounds and premises of the home were well maintained. Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where needed and shared any learning from these incidents with staff.

The reception area provided people, their visitors and staff with information about the home and related information such as advice and support information. Relatives meeting and events such as the garden party were advertised here as well as information about the complaints procedure.